

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101575225

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
13		1	1			
14		1	1			
15		1	1			
16		1	1			
17	1		1			
18	1		1			
19	2		1			
20	2		1			
21	1		1			
22	1		1			
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	21	←	19	←		←
TOTAL CLAIMS	25		23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS						